

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Stevie Jackson		COURT CASE NUMBER 07C7066	
DEFENDANT City of Chicago, et al.		TYPE OF PROCESS S/C	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Superintendent Philip Kline, Chicago Police Department		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) CPD, C/O P. Martin, Superv. of Subpoenas, 3510 S. Michigan Ave., Chicago, IL 60635		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
Stevie Jackson, #2006-0060297 Cook County Jail P.O. Box 089002 Chicago, IL 60608		Number of parties to be served in this case	5
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

FILED APR 22 2008

APR 22 2008 PH

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

FEDERAL CASE NUMBER

DATE

04-10-08**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 4 of 5	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk Td	Date 04-10-08
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above):

MRS. Martin (Legal Aid)

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.Date of Service
4/6/08 Time **1:30** am
pm

Signature of U.S. Marshal or Deputy

Service Fee One	Total Mileage Charges (including endeavors) Service	Forwarding Fee Fee charged	Total Charges same case + location see	Advance Deposits process sheet # 1 for charges	Amount owed to U.S. Marshal or Amount of Refund
REMARKS: 1 USM 1 Hour 1 mile					